

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/589671 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/			51						
2	/		/	/			52						
3	/		/	/			53						
4	/		/	/			54						
5	/		/	/			55						
6	6		/	/			56						
7	0		/	/			57						
8	0		/	/			58						
9	0		/	/			59						
10	0		/	/			60						
11	0		/	/			61						
12	0		/	/			62						
13	0		/	/			63						
14	0		/	/			64						
15	0		/	/			65						
16	0		/	/			66						
17	0		/	/			67						
18	0		/	/			68						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/	↓	/	↓		↓							
TOTAL DEP.	17	←	18	←		←							
TOTAL CLAIMS	18		19										